

1. SOCIAL SECURITY NUMBER										2. NAME																																																	
3. DATE OF BIRTH										4. SEX					5. RACE					6. ETHNIC					7.					8. NO. DEPENDENTS																													
9. LOCAL ADDRESS																				10.																																							
																				13. ORDERS TO (L/P/O)										14. PRIOR SVC L																													
15. CONTRACT DATE										16. SCHOOL INFORMATION																																																	
a. COLLEGE CODE										b. EDUC MAJOR										c - GPA																																							
d. HS CODE										0 0 0 0 0 0 0 0 0 0										e. GRADUATION DATE CURR PROJ																																							
										19. PGM/COMP					20. CLASS/TRNG INCR																																												
21. TEST SCORES										b. COMPOSITE SCORES										EL																																							
																				d. SAT					MATH					VERB					COMP																								
22. PFT																				25. PROJ COMIM																																							
RELATIVES WHO SERVED OR ARE SERVING IN THE ARMED FORCES (last names, rank and branch of service - use additional sheet if necessary)																																																											
																				YES					NO																																		
1. Have you ever applied or been a member of																														10. Are you now, or have you ever been on parole, probation, suspension, or other form of restraints?																													
2. Have you ever failed in any military flight training program?																														11. Are you a conscientious objector?																													
3. Have you ever previously applied for the Armed Forces?																														12. Have you ever been convicted or the subject of action tantamount to conviction of a drug abuse?																													
4. Have you ever been rejected for enlistment in any branch of the Armed Forces?																														13. Have you ever been psychologically or physically dependent upon any drugs or alcohol?																													
5. Have you ever claimed or been granted a pension, disability allowance, compensation, or retired pay from the Federal Government?																														14. Have you ever used non-prescribed or illegal drugs?																													
6. Are you a 'sole surviving' son?																														15. Have you ever been a trafficker* of illegal drugs?																													
7. Have you ever been arrested, convicted or sentenced by a court?																														16. Do you qualify for permanent restrictions assignments? (family member, KIA/ 100% disability while serving in hostile																													
8. Have you ever received a suspended sentence by a court?																																																											
9. Have you ever been, in jail, reform school, or penitentiary?																																																											
* Definition of "Trafficking": The commercial and wrongful sale or transfer of a controlled substance for profit, and/or the wrongful possession of a controlled substance with the intent to sell or transfer it for profit.																																																											
IF YOU ANSWER "YES" TO ANY OF THE ABOVE QUESTIONS, ATTACH A STATEMENT EXPLAINING THE CIRCUMSTANCES.																																																											
I certify that the information contained in the application is true, complete and correct to the best of my knowledge and belief. I understand that knowing and willful false statements on this form can be punished by a fine or imprisonment or both. (See U.S. Code Title 18, Section 1001.)																				SIGNATURE (MOI)																																							
Applicant's Signature																																																											